

20_____

STATE OF VERMONT

APPLICATION FOR SOLICITOR'S LICENSE

LICENSE YEAR: May 1st through April 30th of following year.

Fee of \$65.00 must accompany this application.

Make check payable to and mail to: Vermont Department of Liquor Control, 13 Green Mountain Drive, Montpelier VT 05602

Application is hereby made for a license to solicit orders for and promote the sale of malt and vinous beverages under and in accordance with Title 7 of the Vermont Statutes annotated, as amended, and I certify that all statements, information and answers to questions herein contained are true, and in consideration of such license being granted, do promise and agree to comply with all local and state laws; to comply with all regulations made and promulgated by the Liquor Control Board; and, upon hearing, the Liquor Control Board may in its discretion suspend or revoke said license whenever it determines that the law or any regulations of the Liquor Control Board have been violated, or that any statements, information or answers herein contained are false.

NAME of applicant: _____

ADDRESS of applicant: _____

Has applicant previously held a solicitor's license? If so, what year? _____

Does applicant hold any elective or appointive state, county, city, village, or town office in the State of Vermont (VSA T.7

Ch. 9, § 223)? Yes _____ No _____ If so, give name of office _____

Has the applicant ever been convicted or pled guilty to any criminal or motor vehicle offense in any court of law?

_____ Yes _____ No (this includes tickets you plead guilty to and mailed in)

If yes, please explain on the back of this application the offense, court and date.

Have you any direct or indirect financial interest in the business or any person holding a 1st, 2nd, or 3rd class license or druggist's permit? _____

Names of Licensee by whom applicant is employed? _____

Address of employer's principal place of business _____

Does applicant have full time employment with the undersigned licensee? _____
(If not, explain on separate paper)

Do you agree to return your Solicitor's License to your employer when you cease to be employed by them? _____

Dated at _____ in the State of _____ this _____ day of _____.

I/We hereby certify, under the pains and penalties of perjury, that I/We are in good standing with respect to or in full compliance with a plan approved by the Commissioner of Taxes to pay any and all taxes dues the State of Vermont as of the date of this application (VSA, T. 32, § 3113).

I hereby certify that the information in this application is true and complete.

Signature of applicant _____

CERTIFICATE OF EMPLOYMENT

The undersigned, being the holder of a _____ license, hereby certifies that the above named _____ is employed as a sales representative, and it is agreed that immediate notice will be forwarded and license surrendered to the Liquor Control Board, Montpelier, Vermont if at any time he ceases to be so employed. I hereby recommend the above named applicant as being qualified to hold such a license.

(Licensee)

(Licensee Number)

(Signature of member of firm, officer of corporation or authorized agent)

Email address of Licensee: _____

PLEASE INCLUDE THE PERSONAL INFORMATION SHEET THAT IS AVAILABLE ON OUR WEBSITE IN THE FORMS SECTION.